PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| | | | 10/36/679 | | | | | | | | | |
|--|--|---|--|-------------|------------------------------|---------------------------------|---|---------------------|------------------------|----|---------------------|------------------------|
| | | CLAIMS A | S FILED - | | | SMALL ENT TYPE (Column 2) | | | ITY | OR | OTHER 1 | |
| U.S. | NATIONAL S | TAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BAS | IC FEE | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXA | MINATION FE | E | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | /80 mini | us 100 = | 80 | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | 500 |
| TOTAL CHARGEABLE CLAIMS | | | | nus 20 = | * | 6 | 1 | X \$ 25 = | | OR | X \$ 50 = | 30D |
| INDEPENDENT CLAIMS | | | 7 m | ninus 3 = | * | Ÿ | | X \$ 100 = | | OR | X \$ 200 = | 800 |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero | o, enter "(| O" in co | lumn 2 | | TOTAL | | OR | TOTAL | 2500 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | NTITY | OR | OTHER I | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL F | | | | | | | | | | OR | TOTAL ADDIT. FFF | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| DMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH | IEST IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDM | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT (| | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |